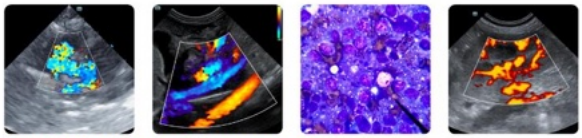

PATIENT

Coco Mercer

SPECIES

Canine

BREED

Shih Tzu mix

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

INTERPRETED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

HOSPITAL NAME

VCA Palmetto

REFERRING VET

Dr. Buerkle

INVOICE

13672

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Pt has a history of chronic intermittent vomiting and diarrhea. Recently has had a decreased appetite. ALP 306. Thrombocytosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.21 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. A few small mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.53 cm at cranial pole) (0.72 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.02 cm at cranial pole) (0.42 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.84 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen/irregular peripheral contours. A 5.7 x 5.7 cm heterogeneous expansile mass is observed mid-liver adjacent to the diaphragm. The mass is resulting in caudal displacement of the gallbladder. In the remainder of the liver, the parenchyma is hypoechoic relative to the spleen and homogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.18 cm in width).

Gastrointestinal

The gastric lumen is minimally fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally fluid distended (mild). The small intestinal wall is diffusely thickened (up to 0.45 cm). There is disruption in the normal 1:3 muscularis: mucosal ratio. Discreet masses are not identified. The colonic wall is

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normal to mildly thickened (up to 0.33 cm). Granular appearing fecal material is observed within the descending colonic lumen. There is no obvious evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes
2-3 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.14 x 0.89 cm. Surrounding mesentery is mildly hyperechoic. A 1.15 x 0.93 cm lymph node is also observed in the left cranial to mid-abdomen. At least one prominent periportal lymph node is also seen measuring 1.57 x 0.59 cm.

Free Abdomen
There is no obvious evidence of free fluid.

Other
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large mid-hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected with a lower possibility of a non-neoplastic process.
- The small intestinal and colonic wall changes are most consistent with enteritis and colitis, respectively. However, emerging neoplasia (i.e., lymphoma) cannot be completely excluded.

Secondary Findings:

- Bilateral nonspecific age-related renal changes with non-obstructive nephrocalcinosis.
- Mild left adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic mass, three-view thoracic radiographs should be performed to assess for pulmonary metastatic disease. Depending on results, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, GI biopsies should also be obtained.
- Other considerations include the following:
  1. Fecal evaluation for ova and Giardia
  2. Prophylactic deworming with fenbendazole
  3. GI panel including serum cobalamin, folate, TLI, PLI and resting cortisol level
  4. Symptomatic care for enteritis/colitis

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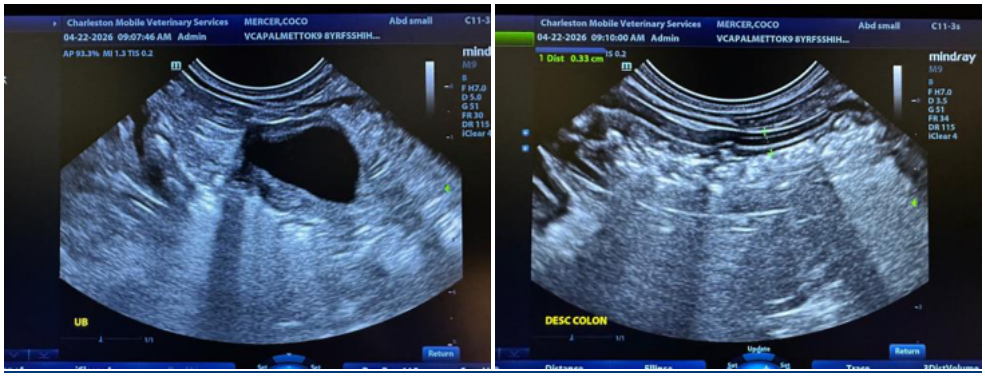

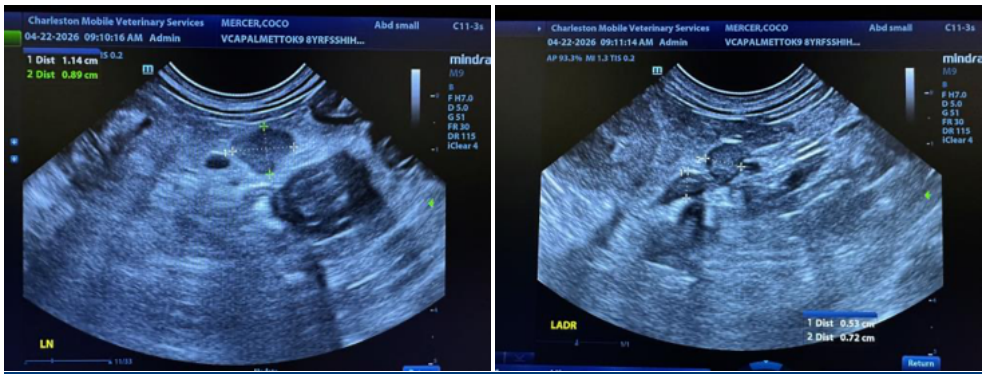

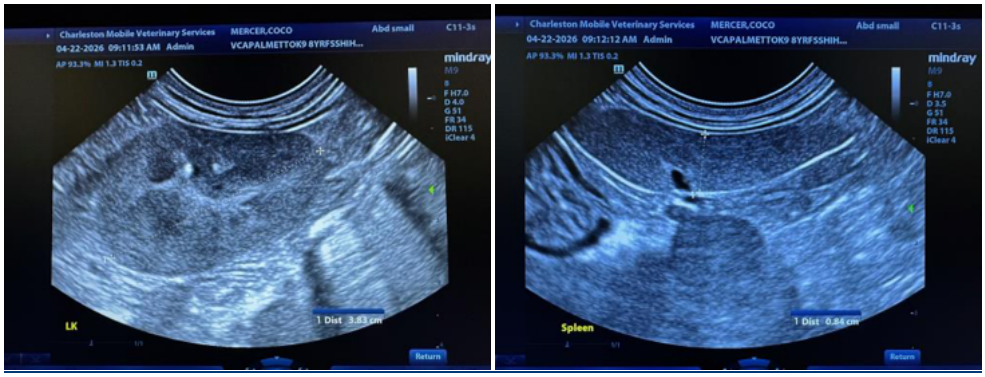

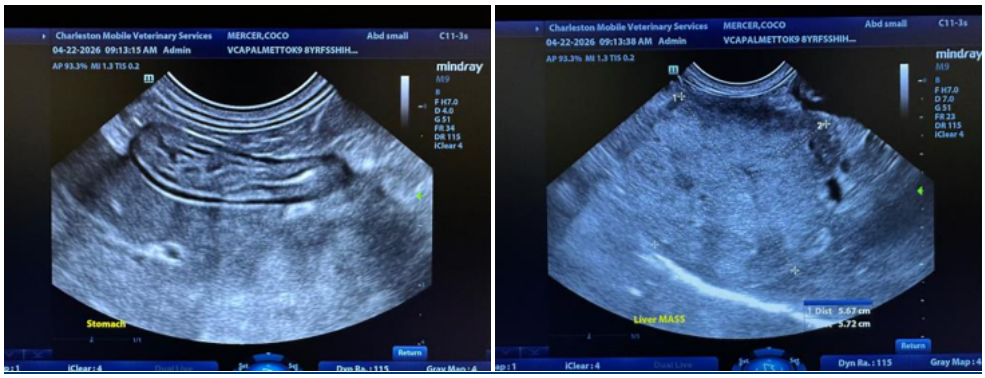

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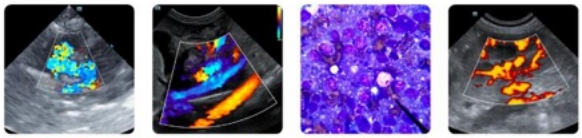

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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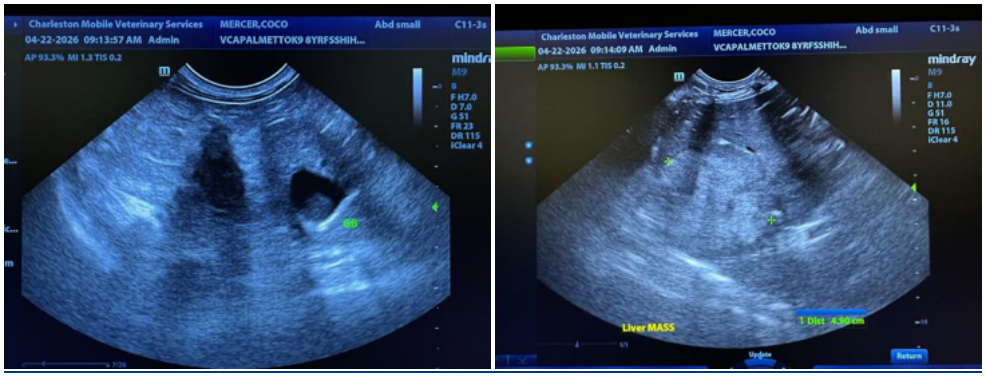

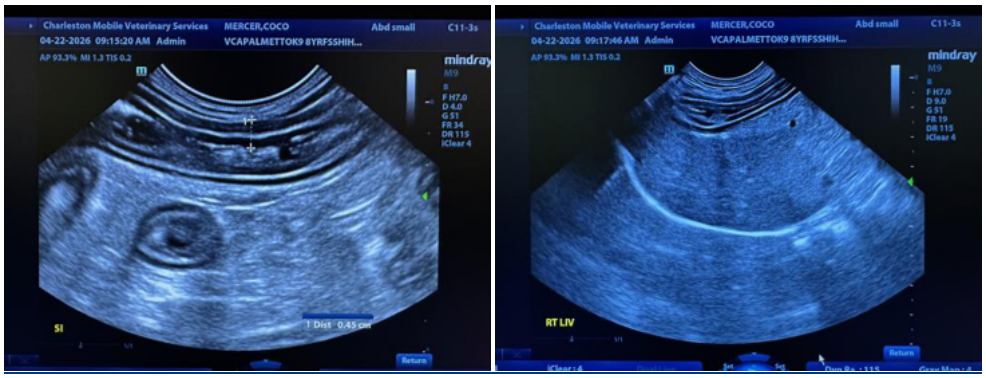

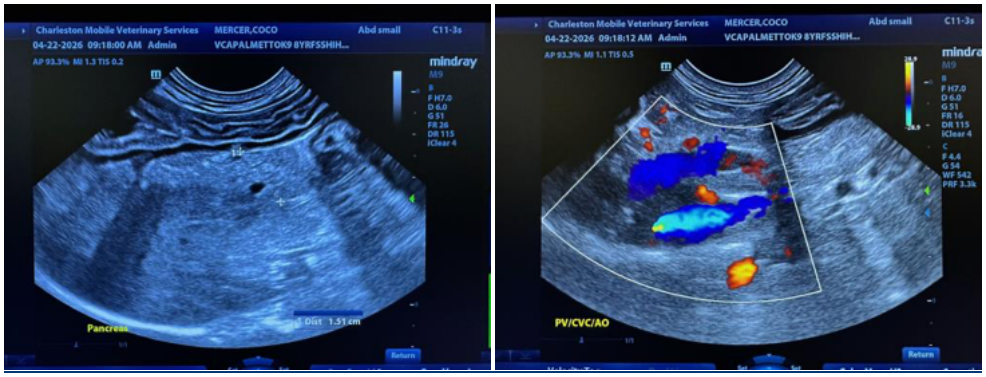

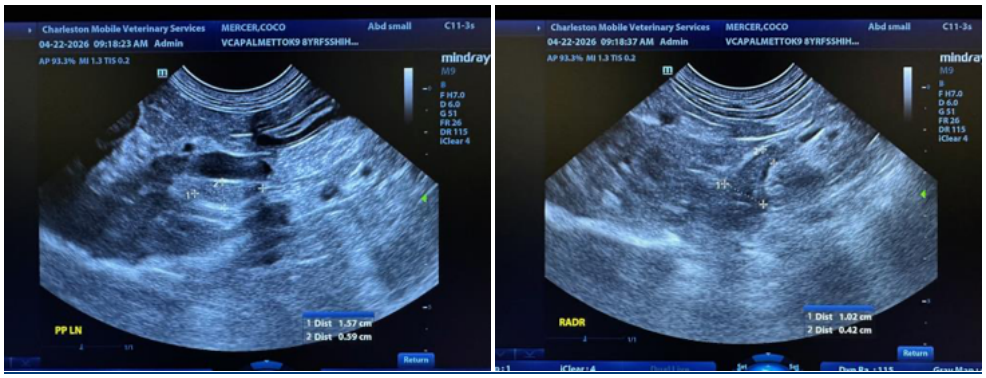

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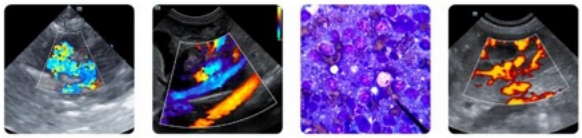

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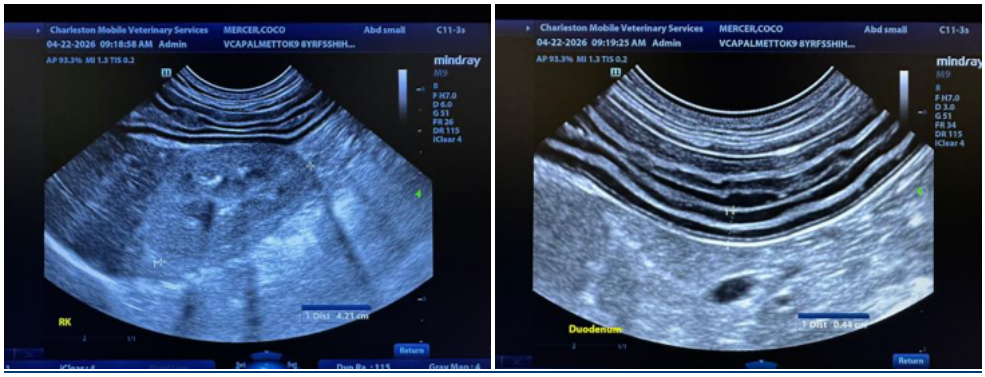

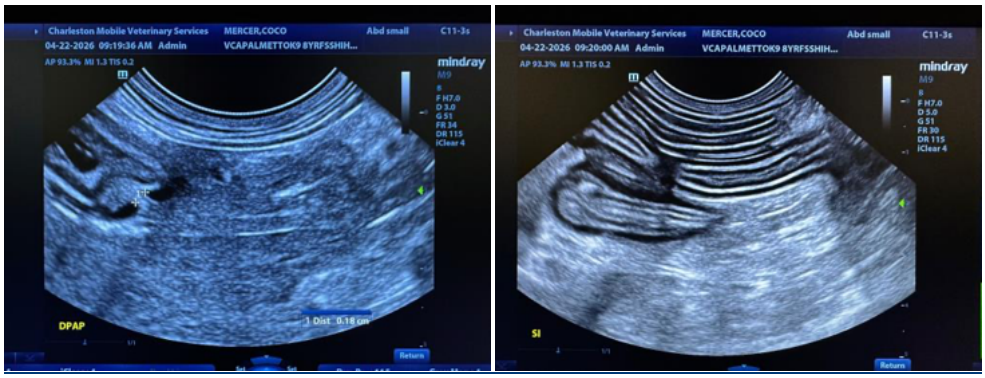

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com